



Training Provider Application

1. Name of Training Organization		2. Federal Tax ID#	
3. Mailing Address	4. City	5. State	6. Zip
7. Physical Address	8. City	9. State	10. Zip
11. Name & Title of Contact Person:			
12. Email Address of Contact Person:		13. Phone Number of Contact Person:	
14. Mailing Address of Contact Person (if different from above)			
15. Year Established		16. Website Address:	
17. Type of Entity			
Other (please Describe) _____			
18. Does your organization provide job search assistance or placement services? (if yes, please describe)		Yes	No
19. What types of financial aid are available to students?			
20. Does your organization have a tuition refund policy? (if yes, please attach the policy including time frames and percentage of reimbursement)		Yes	No
21. Name of Financial Aid Contact Person		22. Email Address of Financial Aid Contact Person	

## Training Provider Application

23. Please provide three customer references including contact information:

1.

2.

3.

## SUPPLEMENTAL INFORMATION

In addition to the attachments associated with the previous sections of this application, copies of the following documents **MUST** be included:

- \_\_\_\_\_ 1. Copy of Virginia oversight documentation (SCHEV, VA School of Nursing, etc.)
- \_\_\_\_\_ 2. Copy of License to Conduct Business in Virginia
- \_\_\_\_\_ 3. Copy of Training Provider Non-discrimination Policy
- \_\_\_\_\_ 4. Copy of Training Provider Grievance Procedure for individuals with complaints on issues, such as discrimination, accessibility, etc.
- \_\_\_\_\_ 5. Suspension/Debarment Certification (included in packet)
- \_\_\_\_\_ 6. Anti-Discrimination Certification (included in packet)
- \_\_\_\_\_ 7. For each training program, fill out training program application (included in packet) and provide documentation which includes:
  - 1) Training Program description, 2) Outline of the Program, 3) Skills to be obtained.

**CERTIFICATION REGARDING DEBARMENT,  
SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION—LOWER TIER COVERED TRANSACTIONS**

(1) The prospective lower tier subcontract proposer certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier subcontract proposer is unable to certify to any of the statements in this certification, such prospective subcontract proposer shall attach an explanation to this proposal.

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Organization

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Authorized Signature

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Date

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Printed Name and Title

## Anti-Discrimination Certification

The training provider certifies that it will comply fully with all non-discrimination and equal opportunity provisions of the laws listed below:

- 1) Nondiscrimination provisions of WIOA Section 188, and its implementing regulations at 29 CFR part 38, which prohibit discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.
- 2) Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
- 3) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities.
- 4) Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age.
- 5) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.
- 6) Title II, Subpart A of the Americans with Disabilities Act of 1990, as amended, which prohibits discrimination on the basis of disability.
- 7) Genetic Information and Nondiscrimination Act of 2008, which prohibits discrimination on the basis of genetic information with respect to health insurance and employment.

The training provider also certifies that it will:

- 1) Will collect and maintain data necessary to show compliance with the non-discrimination provisions of the WIOA Sec. 188, as provided in the regulations.
- 2) Will state in all solicitations or advertisements for employees placed by or on behalf of the provider, that the provider is an equal opportunity employer.
- 3) Notices, advertisement and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- 4) Make any and all reasonable accommodations to provide access and equity of services to disabled persons applying to or enrolled in any approved program of study.

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Organization

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Authorized Signature

## Certification and Representation

I, \_\_\_\_\_ (Name) as \_\_\_\_\_ (Title) of

\_\_\_\_\_ (Applicant Agency), hereby

certify and represent the following:

1. That the information contained in this application and all attachments is true and correct to the best of my knowledge and belief; and
2. That \_\_\_\_\_ (Applicant Entity) will permit representatives of the Workforce Development Board and the Commonwealth of Virginia access to its facilities, staff, and records for the purpose of verifying information contained in this application and for collecting any additional information related to its qualifications as a provider of training services under the WIOA.
3. I understand that approval by a LWDB places the provider and program on the state Eligible Training Provider List but does not guarantee a local area will fund the approved training activity through the issuances of an ITA. That determination is further based on local policy which must include, at minimum, relevance of training to demand occupations that are in demand regionally, availability of local funds, and likelihood that training will support the individual in meeting their career objectives and employment. The selection of a training provider is based on participant choice.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

FOR LWDB OFFICE USE ONLY			
Date Received by WDB	Date Approved by WDB	Date WDB Submitted to State	Authorized WDB Signature